

State of California
PESTICIDE BROKER LICENSE
APPLICATION PACKET
PR-PML-217 (EST 11/01)

Department of Pesticide Regulation
Pest Management and Licensing Branch
Licensing and Certification Program
1001 I Street
Sacramento, California 95814-2828
Phone: (916) 445-4038 Fax: (916) 445-4033
Web site: <http://www.cdpr.ca.gov>

General Information

A Pesticide Broker (PB) License is required of any person (other than the registrant or pest control dealer licensed pursuant to Section 12107 of the Food and Agricultural Code), whether inside or outside California, engaging in the sale or distribution of pesticides for agricultural use within the State of California. All pesticides offered for sale, or sold in California, must be registered by the Director of the California Department of Pesticide Regulation. It is a violation to offer for sale, or sell, unregistered pesticides in California.

“Agricultural use” means the use of any pesticide or method or device for the control of plant or animal pests, or any other pests, or the use of any pesticide for the regulation of plant growth or defoliation of plants. It excludes the sale or use of pesticides in properly labeled packages or containers which are intended for any of the following: a) home use; b) use in structural pest control; c) industrial or institutional use; d) the control of an animal pest under the written prescription of a veterinarian; e) local districts or other public agencies which have entered into and operate under a cooperative agreement with the Department of Public Health pursuant to Section 2426 of the Health and Safety Code, provided that any exemption under this subdivision is subject to the approval of the Director as being required to carry out the purpose of this division.

The Department of Pesticide Regulation has established time periods for the processing of permit applications, in compliance with Government Code Section 15374-15378. Failure to comply with these time periods may be appealed to the Secretary for Environmental Protection, California Environmental Protection Agency, 1001 I Street, Sacramento, California 95814-2828, pursuant to regulations set forth in Title 3, California Code of Regulations, Section 306. Under certain circumstances, the Secretary may order that the applicant receive a reimbursement of filing fee.

Application Completion Instructions

The following instructions will help you complete this application:

- A. *Application Type.* Check one or more of the boxes in this section. (1) If you are a new applicant, check the “New Application” box. (2) If you are adding a pesticide broker branch location to your PB License, check the “Adding Branch Location” box. (3) If you are changing the name of your business, check the “Name Change” box (See Section “C” below). (4) If you are changing your address, check the “Address Change” box. (5) If you are making any other type of change, check the “Other” box and specify the type of change.
- B. *Business Information.* Please complete information requested in this section. (1) In this subsection, indicate your business type. If you are changing your business name, enter your former business name in Section “C”. If there is a change in the business name or address, you must immediately notify the Director in writing. There is no fee required for this change. (2) In this subsection indicate if your business is a corporation. If your business is a corporation, you must submit with your application a current copy of the “Certificate of Good Standing”. This certificate can be obtained for \$6.00 by writing to: Secretary of State, Attention: Certificate Department, 1500 11th Street, Sacramento, California 95814, if you are a California corporation or a foreign corporation registered in California. Otherwise you need to obtain a Certificate of Good Standing from the state from which you are incorporated. (3) In this subsection indicate if your business name is anything other than your surname (i.e., last name). If your business name is other than your surname, you must submit a “Fictitious Business Name Statement” with your application. This statement may be obtained from the county clerk’s office. (4) In this subsection, indicate if your business is a partnership. If your business is a partnership, you must submit a “Fictitious Business Name Statement” with your application. You may obtain this statement from the county clerk’s office.
- C. *Former Business Name.* If your business name has changed, enter the former name in this section of the application.
- D. *Business Officers or Owners.* List the name, title, and mailing address of each of your business’s officers and/or owners. If necessary, use an additional sheet of paper to complete this list. If there is a change in the business ownership or organization, the Director must be notified immediately in writing. A new application fee must be submitted for this change.
- E. *Pesticide Broker Business Type.* (1) In this subsection indicate the type of economic poisons (pesticides) your business sells by checking the appropriate box(es).

F. *Branch Locations.* This section of the application should be completed if you are adding a branch location to your business. Enter the business location address for each branch location added.

G. *Application Fees.* Check the appropriate boxes in this section of the application. Indicate the total fees enclosed with the application. (Fees are non-refundable)

The following information and table will assist you in determining the appropriate application fee to submit.

Application Fee Schedule:

Year Submitting Application	License Expiration Year ¹ A - L	New Main Location Application Fee	Branch Location Fee
2001	2002	\$200.00	\$100.00
2002	2002	\$100.00	\$ 50.00
2003	2004	\$200.00	\$100.00

Year Submitting Application	License Expiration Year ² M - Z	New Main Location Application Fee	Branch Location Fee
2001	2001	\$100.00	\$ 50.00
2002	2003	\$200.00	\$100.00
2003	2003	\$100.00	\$ 50.00

I. *Read Before Signing.* Check the "Yes" box if you have had any administrative, civil or criminal action taken against you for violation of any State or federal laws or regulations relating to the application of pesticides that resulted in disciplinary actions or in which disciplinary action is pending. If you answer yes, explain the circumstances of the disciplinary action.

J. *Declaration/Signature Block.* Read the declaration; if you agree, sign and date the application. The owner or officer of the business must sign the declaration.

Mailing Instructions

Mail your application to: Cashier, Department of Pesticide Regulation, P.O. Box 4015, Sacramento, California 95812-4015. Include your check with your application, payable to the Cashier, Department of Pesticide Regulation. No coin or currency will be accepted.

¹ If your business name begins with A – L, the expiration date of the business license is on even-numbered years.

² If your business name begins with M – Z, the expiration date of the business license is on odd-numbered years.

STATE OF CALIFORNIA
PESTICIDE BROKER LICENSE APPLICATION
PML-217 (REV.117/01)

DEPARTMENT OF PESTICIDE REGULATION
PEST MANAGEMENT AND LICENSING BRANCH
LICENSING AND CERTIFICATION PROGRAM
1001 I STREET
SACRAMENTO, CALIFORNIA 95814-2828
(916) 445-4038
FAX - (916) 445-4033
Web site: <http://www.cdpr.ca.gov/>

A. Application Type. Indicate the type of application by checking the appropriate box(es) below.

<input type="checkbox"/> NEW APPLICATION	<input type="checkbox"/> NAME CHANGE	<input type="checkbox"/> OTHER (Specify) _____
<input type="checkbox"/> ADDING BRANCH LOCATION	<input type="checkbox"/> ADDRESS CHANGE	_____

B. Business Information. Please print or type

1) Indicate the business type by checking the appropriate box below (check only one box).

<input type="checkbox"/> CORPORATION	<input type="checkbox"/> PARTNERSHIP	<input type="checkbox"/> INDIVIDUAL	<input type="checkbox"/> NON-PROFIT ASSOCIATION
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BUSINESS NAME	EMAIL ADDRESS	TELEPHONE NUMBER ()
BUSINESS MAILING ADDRESS (Number and Street or P.O. Box Number) (City) (County) (State) (ZIP Code)		
BUSINESS LOCATION ADDRESS (Number and Street) (City) (County) (State) (ZIP Code)		

2) Is your business a corporation?

<input type="checkbox"/> YES (A current copy of the "Certificate of Good Standing" must be submitted with the application.)	<input type="checkbox"/> NO
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3) Is your business name different than your surname (i.e., last name)?

<input type="checkbox"/> YES (A "Fictitious Business Name Statement" must be submitted with the application.)	<input type="checkbox"/> NO
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4) Is your business a partnership?

<input type="checkbox"/> YES (A "Fictitious Business Name Statement" must be submitted with the application.)	<input type="checkbox"/> NO
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C. Former Business Name. Enter former business name below.

FORMER BUSINESS NAME

D. Business Officers or Owners. Attach additional sheet if necessary.

1) NAME	TITLE
MAILING ADDRESS (Number and Street or P.O. Box Number) (City) (State) (ZIP Code)	
2) NAME	TITLE
MAILING ADDRESS (Number and Street or P.O. Box Number) (City) (State) (ZIP Code)	
3) NAME	TITLE
MAILING ADDRESS (Number and Street or P.O. Box Number) (City) (State) (ZIP Code)	

E. Pesticide Broker Business Type

1) Indicate the type of pesticides your business will be selling by checking the appropriate box(es) below.

<input type="checkbox"/> Agricultural Use Pesticides	<input type="checkbox"/> Tributyltin
<input type="checkbox"/> Non-agricultural Use Pesticides	<input type="checkbox"/> Livestock/Poultry Pesticides
<input type="checkbox"/> Restricted Use Pesticides (Either California or Federal)	<input type="checkbox"/> Biological Control Agents
<input type="checkbox"/> Other _____	

Application Continued on the Reverse Side

Branch Locations. Attach additional sheet if necessary.

LOCATION ADDRESS (Number and Street or P.O. Box Number)	(City)	(County)	(State)	(ZIP Code)
LOCATION ADDRESS (Number and Street or P.O. Box Number)	(City)	(County)	(State)	(ZIP Code)
LOCATION ADDRESS (Number and Street or P.O. Box Number)	(City)	(County)	(State)	(ZIP Code)
LOCATION ADDRESS (Number and Street or P.O. Box Number)	(City)	(County)	(State)	(ZIP Code)
LOCATION ADDRESS (Number and Street or P.O. Box Number)	(City)	(County)	(State)	(ZIP Code)

Application Fee (Fees are non-refundable). See instruction sheet.

<input type="checkbox"/> Main Location	<input type="checkbox"/> \$100.00 (One year fee)	or	<input checked="" type="checkbox"/> \$200.00 (Two year fee)
<input type="checkbox"/> Branch Location	<input type="checkbox"/> \$50.00 (One year fee)	or	<input type="checkbox"/> \$100.00 (Two year fee)
Total Fee(s) Enclosed	<div>\$.00</div>	Mail your Completed Application and Fees to the: Cashier, Department of Pesticide Regulation 1001 I Street, Sacramento, California 95814-2828. Include your check or money order with your application, payable to the Cashier, Department of Pesticide Regulation. No coin or currency will be accepted.	

Read Before Signing. During the last three years, have you had any administrative, civil, or criminal action taken against you or violation of any State or federal laws or regulations relating to the sale of pesticides that resulted in disciplinary actions or in which disciplinary action is pending?

☐ YES (State explanation below) ☐ NO

I declare under penalty of perjury, under laws of the State of California, that the above information is true and correct.

APPLICANT SIGNATURE	TITLE	DATE SIGNED
FOR OFFICIAL USE ONLY		BUSINESS LICENSE NUMBER ISSUED
		COMPUTER ENTRY DATE

LICENSE NO.

STATE OF CALIFORNIA
DEPARTMENT OF PESTICIDE REGULATION



1001 I STREET
SACRAMENTO, CALIFORNIA 95814-2828
(916) 445-4038

PESTICIDE BROKER LICENSE

THIS LICENSE EXPIRES

= POST THIS LICENSE PROMINENTLY IN PUBLIC VIEW =
THIS LICENSE IS NOT TRANSFERABLE - ANY CHANGE IN OWNERSHIP REQUIRES A NEW LICENSE

Who Needs It?

- Any person, whether inside or outside of California, engaging in the sale or distribution of pesticides labeled for agricultural use in California (except persons already licensed as a pest control dealer or registrant selling his/her own registered product). All pesticides offered for sale or sold in California must be registered by the Director of the Department of Pesticide Regulation (DPR).
- A Pest Control Dealer License is required if the sales are directly to end users.

Exemptions: Persons who operate only as sellers or distributors of a California-registered pesticides that are labeled only for nonagricultural use do not require a Pesticide Broker License or a Pest Control Dealer License.

What's Required to Obtain the License?

- Have a Pesticide Broker License issued for each principal and branch location (FAC section 12848.1)
- Fictitious Business Name Statement from the County Clerk's Office (FAC section 12103)
- Certificate of Good Standing for companies that are California or foreign corporations registered in California - obtained for a fee from the Secretary of State. Corporations incorporated out-of-state must submit a Certificate of Good Standing from that state
- License fee of \$100.00 per year for the principal location and \$50.00 per year for each branch location (FAC section 12848.1)

Additional Requirements When Licensed!

- If the mill assessment has not been paid by the registrant, the pesticide broker or pest control dealer must pay a quarterly assessment to the Director of the Department of Pesticide Regulation, based upon the total dollars of sales, for sales into or within California, of registered pesticides labeled for agricultural use. Also, the first person who sold this product into or within California must list by line item, the amount due to DPR
- Retain records of all purchases, sales, and distribution of pesticides for four years at the principal place of business (FAC section 12848.9)
- Submit a quarterly report to the Director, the total dollars of sales and total pounds or gallons sold into or within California of pesticides intended for agricultural use (FAC section 12848.9)

References: Food and Agricultural Code Sections 12848 - 12848.11.



INSTRUCTIONS:

1. For conducting transactions using VISA or MasterCard only. No other cards are accepted.
2. Complete **ALL** cardholder information.
3. If you have any questions, please call the Licensing and Certification Program at (916) 445-4038
4. Attach all necessary documents. Mail your completed application with this form, to:

ATTN: Cashier
Department of Pesticide Regulation
P.O. Box 4015
Sacramento, CA 95812-4015

5. **DO NOT FAX** this form to DPR

NAME OF CARDHOLDER (NAME APPEARING ON THE BANK CARD)															CIRCLE ONE VISA MasterCard		TODAY'S DATE	
BANK CARD NUMBER (16 DIGITS)															BANK CARD EXPIRATION DATE		TOTAL AMOUNT OF PAYMENT \$.	
																	TELEPHONE NUMBER ()	

SIGNATURE OF CARDHOLDER (NAME APPEARING ON THE BANK CARD)

FOR PAYMENT OF:

NAME OF REGISTRANT/LICENSEE

MAILING ADDRESS (Street or P.O. Box Number)

(City, State, and ZIP Code)

DEPARTMENT USE ONLY	ENTERED ON POS BY:	TODAY'S DATE	DATE MAILED	BY
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